

COPY OF P...
ORIGINALLY FILED

#4

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	VTN-568
	First Named Inventor	Diana Zanini et al.
	COMPLETE IF KNOWN	
	Application Number	10/028,400
	Filing Date	December 20, 2001
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR PRODUCTION
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **12/20/2001** as United States Application Number or PCT International Application Number **10/028,400** and was amended on (MM/DD/YYYY) ☐

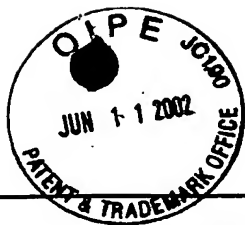
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



COPY OF PAPERS
ORIGINALLY FILED

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/257,030	December 21, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Ruby T. Hope at telephone number (732) 524-1024.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:



COPY OF PAPERS
ORIGINALLY FILED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

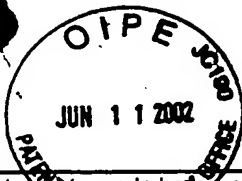
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Diana		Family Name or Surname Zanini	
Inventor's Signature <i>Diana Zanini</i>		Date 05-13-02	
Residence: City Jacksonville	State Florida	Country USA	Citizenship Canada
Mailing Address 3652 Fallon Oaks Drive			
City Jacksonville	State Florida	ZIP 32277	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Azam		Family Name or Surname Alli	
Inventor's Signature <i>Azam Alli</i>		Date 05/13/02	
Residence: City Jacksonville	State Florida	Country USA	Citizenship USA
Mailing Address 7816 Southside Blvd. #221			
City Jacksonville	State Florida	ZIP 32256	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) James D.		Family Name or Surname Ford	
Inventor's Signature <i>James D. Ford</i>		Date 05/13/02	
Residence: City Orange Park	State Florida	Country USA	Citizenship USA
Mailing Address 515 Nassau Ct.			
City Orange Park	State Florida	ZIP 32003-8063	Country USA



ORIGINAL FILE

COPY OF PAGE
ORIGINAL FILE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) Robert B.Family Name
or Surname SteffenInventor's
Signature

Date

5/15/02

Residence: City Jacksonville Beach

State Florida

Country USA

Citizenship USA

Mailing Address 1158 Blue Heron Lane West

City

Jacksonville

State Florida

ZIP 52250

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) Douglas G.Family Name
or Surname VanderlaanInventor's
Signature

Date

5/13/02

Residence: City Jacksonville

State Florida

Country USA

Citizenship USA

Mailing Address 8114 Parkridge Cir. S.

City

Jacksonville

State Florida

ZIP 32256

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) James R.Family Name
or Surname PetisceInventor's
Signature

Date

5/13/02

Residence: City Jacksonville

State Florida

Country USA

Citizenship USA

Mailing Address 10228 E. Vineyard Lake Road

City

Jacksonville

State Florida

ZIP 32256

Country USA